

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patent  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 9/18/06  
By Dawn Rose  
Dawn Rose

*Drw*  
PATENT  
Attorney Docket No.S-12

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

David C Hovda

Application No.: 10/656,597

Filed: 9/5/03

For: METHOD AND APPARATUS FOR  
TREATING INTERVERTEBRAL DISCS

Examiner: Rosiland Rollins

Art Unit: 3739

**INFORMATION DISCLOSURE  
STATEMENT UNDER  
37 CFR §1.97 and §1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. A copy of the article is enclosed.

It is respectfully requested that the cited information be considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue there from.

This IDS is being filed after the mailing date of the first Office Action and after three months of the filing date, but prior to the Notice of Allowance or Final Office Action. The Commissioner is authorized to charge the required fee to Deposit Account No. 50-0359.

Respectfully submitted,

*Richard R. Batt*  
Richard R. Batt  
Reg. No. 43,485

9/19/06  
Date

ArthroCare Corporation  
680 Vaqueros Ave.  
Sunnyvale, CA 94085-3523  
(408) 736-0224

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Certificate of Mailing under 37 CFR 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on \_\_\_\_\_

Date

9/18/06

Signature

Dawn Rose

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

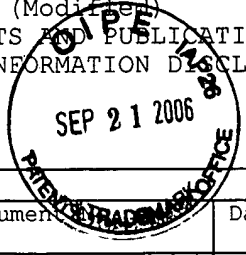
Information Disclosure Statement- 2 pgs

Copy of cited reference

Rtn postcard, Attorney Docket No. S-12 Serial No. 10/656,597

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

FORM PTO-1449 (Modified) LIST OF PATENTS AND PUBLICATIONS FOR APPLICANT'S INFORMATION DISCLOSURE STATEMENT		Attorney Docket No. S-12		Application No. 10/656,597		
		Applicant: David Hovda				
		Filing Date: 9/5/03		Group: 3739		
<b>U.S. PATENT DOCUMENTS</b>						
Examiner Initial	Document	Date	Name	Class	Sub-class	Filing Date
___ AA	5,762,629	6/9/98	Kambin			
___ AB	4,573,448	3/4/86	Kambin			
___ AC						
___ AD						
___ AE						
___ AF						
___ AG						
___ AH						
___ AI						
___ AJ						
___ AK						
___ AL						
___ AM						
___ AN						
___ AO						
___ AP						
___ AQ						
___ AR						
___ AS						
<b>FOREIGN PATENT DOCUMENTS</b>						
	Document No.	Date	Country	Class	Sub-class	Translation?
___ AT						
___ AU						
___ AV						
___ AW						
___ AX						
___ AY						
___ AZ						
<b>OTHER ART (Including Author, Title, Date, Pertinent Pages, etc.)</b>						
___ BA	AESCULAP, Micro, Neuro and Spine Surgery, Flexible Endoscope, 3 pgs					
___ BB						
___ BC						
___ BD						
___ BE						
EXAMINER			DATE CONSIDERED			

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.